

## Concurrent Spare Parts (CSP) CHECKLIST

Concurrent Spare Parts are critical to the operation and maintenance of your equipment during initial fielding. To better ensure that you have all the components, assemblies and repair parts needed to properly support this equipment throughout the year, we are striving to provide a support package that is cost effective, and tailored to the customer's specific requirements. Your feedback to the following will be used to develop a customized CSP Listing for your review.

PLEASE SUBMIT TO THE U.S. ARMY SECURITY ASSISTANCE COMMAND (USASAC) PRIOR TO OR CONCURRENT WITH LETTER OF ACCEPTANCE (LOA)

Country Code: \_\_\_\_\_ Case Designator: \_\_\_\_\_ Case Line: \_\_\_\_\_  
Implementation Date: \_\_\_\_\_

End Item National Stock Number/Part Number, Model, Nomenclature: \_\_\_\_\_  
Quantity: \_\_\_\_\_

End Item Paint Color: \_\_\_\_\_ Estimated End Item Delivery Date: \_\_\_\_\_ (Major Subordinate Command (MSC) will fill in)

- 1 Do you already have this configuration of equipment in your inventory ? \_\_\_\_ Yes  
\_\_\_\_ No
- 2 Do you already have other similar U.S. origin equipment in your inventory?  
\_\_\_\_ Yes \_\_\_\_ No If Yes, provide Models & Quantity: \_\_\_\_\_
3. Is this a first-time fielding of this equipment to a new or existing unit?  
\_\_\_\_ Yes \_\_\_\_ No
4. How many levels of maintenance do you have?: \_\_\_\_ Org level \_\_\_\_ DS level  
\_\_\_\_ GS level \_\_\_\_ Depot level
5. How many maintenance facilities/locations do you have that will require parts support? \_\_\_\_\_
6. Will you perform most of your own maintenance on this equipment or, will you "contract-out" your maintenance? If you are going to contract-out, what maintenance levels will you contract for?  
\_\_\_\_ Own maintenance \_\_\_\_ Contract-out \_\_\_\_ Other  
[explain] \_\_\_\_\_
7. Hardware.

a. Do you have ready access to common (non-metric) hardware such as nuts, bolts, washers, screws etc., to support maintenance of your equipment? \_\_\_\_ Yes \_\_\_\_ No

b. Do you need the U.S. Government to include such hardware in your CSP?  
\_\_\_\_ Yes \_\_\_\_ No

c. Do you want parts support similar to that which we provide for U.S. Army fieldings [e.g. , such items as hoses, belts and filters] , or do you wish to stock almost any part that might require replacement, including items such as common hardware, doors, seats? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

8. How many years of parts support do you wish to purchase for this equipment/vehicle?

\_\_\_\_ 1 year \_\_\_\_ 2 years \_\_\_\_ 3 years \_\_\_\_ Other [describe] \_\_\_\_\_

9. Will you be doing a lot of “off-road” operations, or operating equipment in “extreme conditions” (such as jungle/humid, desert sand, arctic (cold start kits)) ?

\_\_\_\_ Yes \_\_\_\_ No Describe: \_\_\_\_\_

10. What are the ambient temperatures to be encountered?

Minimum/Maximum temperature \_\_\_\_\_ / \_\_\_\_\_ (specify Fahrenheit or Celsius)

Are winterization kits/cold start up equipment required? \_\_\_\_ Yes \_\_\_\_ No

11. What is your estimated annual equipment operational usage in terms of: miles, hours, rounds? (OP TEMPO) \_\_\_\_\_ per (month/year) \_\_\_\_\_

12. Do you already have a Cooperative Logistics Supply Support Arrangement (CLSSA) or Blanket Order (BO) established for support of the end item?

[NOTE: If there is a question regarding CLSSA/BO please consult your Security Assistance Officer for clarification]

\_\_\_\_ Yes If “Yes”, cite case designator \_\_\_\_\_

\_\_\_\_ No If “No”, do you intend to request a CLSSA/BO and when?  
\_\_\_\_\_

13. Do you have any financial threshold/limit for purchasing CSP support?

\_\_\_\_ Yes \_\_\_\_ No if yes, please explain: \_\_\_\_\_

14. Do you wish to review and approve CSP listing before requisitions are issued, or do you waive this requirement? \_\_\_\_\_ Review Listing \_\_\_\_\_ Waive review of CSP listing

OTHER UNIQUE QUESTIONS BASED UPON THE TYPE OF EQUIPMENT:

\_\_\_\_\_

OTHER EXPECTATIONS OF THE CUSTOMER:

\_\_\_\_\_

Information provided by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Customer Representative)

Telephone conversation/email with: \_\_\_\_\_

(Attach additional sheet if desired)

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